

City of Rocklin Building Division



3970 Rocklin Road Rocklin CA 95677 (916) 625-5120 (Fax) 625-5195

REQUEST FOR MISCELLANEOUS SERVICE INSPECTION

Job Address/Location _____

Name: _____

Requesting Party: _____ Property Owner
_____ Tenant
_____ Contractor
_____ Property Manager

Purpose of Inspection: _____

I hereby authorize representatives of the City of Rocklin to enter the above mentioned property for inspection purposes. I hereby certify that I am the property owner or am authorized to act on the property owner's behalf.

(Signature) (Date)

OFFICIAL USE ONLY

MISC SERV #: _____ Fee: _____
Issued by: _____ Date: _____